


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000045387
1. Entity Name
SUMMERVILLE DEVELOPMENT, INC.



Principal Place of Business 14600 S.W. 136 STREET MIAMI, FL 33186 US	Mailing Address C/O ELLIOTT HARRIS 111 SW 3 STREET, 6 FLOOR MIAMI, FL 33130 US
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02212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2306279	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HARRIS, ELLIOT ESQ
111 SW 3RD ST
SIXTH FLOOR
MIAMI, FL 33130**

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing **\$5.00** May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GARCIA-CARRILLO, MICHAEL 14600 S.W. 136 STREET MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CASTELLANOS, RAY 14600 S.W. 136 STREET MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GARCIA-CARRILLO, PEDRO 14600 S.W. 136 STREET MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS HARRIS, ELLIOTT 111 SW 3RD ST 6TH FLOOR MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GARCIA-CARRILLO, PEDRO JR 14600 S.W. 136 STREET MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/28/05-80010-019 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Elliott Harris, A.S. **2-27-05** (305) 358-0146
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #